

Editorial

Vaccine Fear

Shehla Javed Akram

*Consultant Nutritionist & Chief Executive, Akram Medical Complex, Don Valley Pharmaceuticals, Lahore.***How to cite this:**

Akram SJ. Vaccine fear. J Pak Soc Intern Med. 2021;2(2):94-95

Corresponding Author: Dr. Shehla Javed Akram.DOI: <https://doi.org/10.70302/jpsim.v2i2.2123>**Email:** shehlajavedakram@yahoo.com**Introduction**

The COVID 19 Pandemic ushered the world into uncertainty and fear as the entire human population was forced to bow down to the reality that a single invisible virus could spread the globe over. Talk of vaccines started almost simultaneously as the first hundreds of cases started appearing in countries like Italy, United States, France and the United Kingdom. Chinese scientists, it seems, anticipated the widespread impact the virus could potentially have and started working on a vaccine towards the end of 2019 when COVID was still very much Chinese and particularly Wuhan problem.¹

Very quickly, the entire world started going into lockdown. Offices and schools closed down, socializing became a thing of the past, people started fearing food insecurity, economies went into crises and businesses started shutting down.² It became apparent that the only way the world might return to normal was through an effective vaccine administered nearly to the entire global population. This was and continued to be a monumental task for two reasons: vaccine development has traditionally taken at least 10 years - the research, clinical and pre-clinical developments are proceeded by trials across three phases followed by regulatory approvals and finally the manufacturing process. Politicians and the media started emphasizing that we would probably see the fastest vaccines ever developed as research, clinical development, trials and manufacturing started to go hand in hand. Even before trials started, manufacturing was underway in many countries. It became clear that political and business heavy weights were putting their support behind different vaccines.³

But alongside this spirited approach towards vaccine development, there was much talk about the flip side, the fact that we simply didn't have enough time to test the vaccines and that it would eventually be a gamble

between the risks of getting COVID 19 versus the risk of getting vaccinated. As mutations started appearing, the efficacy of the vaccines went into doubt. Comparisons between the flu and COVID 19 implied that the vaccine might not prevent illness at all or at best would reduce its severity.⁴

Many side effects have been cited, infertility being one that captured the interest of most. Traditionally, vaccines have always been a topic of debate; some parents refused to get their children vaccinated citing links between autism and vaccines. Alongside all this, we started hearing that COVID 19 was essentially a man-made virus created and spread by forces that eventually wanted to make money through providing a cure (vaccine) for a disease they themselves had created. Others started saying that the vaccine would alter mankind's DNA forever. Still more started talking about how the vaccine would in fact allow silent forces to track the activities of all humans across the world.³

In Pakistan, this anti-vaccination propaganda spread very quickly and spread uncertainty among the public regarding the vaccine. This was expected because of low literacy rate and a strong hold of religious community. The religious right particularly put its weight behind this propaganda. Ultimately this will result in more suffering, a higher death toll and more pressure on the health system. It will force an economy that is just starting to recover into extreme financial crunch.⁵

As more details about the leading vaccines - Pfizer, AstraZeneca, Can Sino and Sinopharm among others emerged, social media started highlighting similarities among different vaccines including instability at variable temperatures, dosage ranging from single dose to triple and duration of protection varying between six months to one year. All this is now leading to uncertainty and the perception that work needs to be done on standardizing vaccines. This is

creating a general impression among the public that the vaccines trial is still going on and more time is required for a standardized vaccine with uniform efficacy. This shatters public confidence and most people are reluctant to be vaccinated or perceive that the risk of getting vaccine is similar to getting seriously ill from COVID. It is also apparent that people are becoming less and less fearful of COVID because of positive media coverage showing low mortality and negligible suffering perhaps as a result of national policy to remove public fear. This is apparent from the dwindling use of masks and sanitizers and increased gatherings with no social distancing.

References

1. Le TT, Andreadakis Z, Kumar A, Román RG, Tollefsen S, Saville M, et al. The COVID-19 vaccine development landscape. *Nat Rev Drug Discov.* 2020; 19(5):305–6.
2. Iqbal MR. COVID-19 Pandemic: How, When and Where?: Muhammad Rafaih Iqbal. *Pak J Surg Med.* 2020;1(2):127–32.
3. Jeyanathan M, Afkhami S, Smaill F, Miller MS, Lichty BD, Xing Z. Immunological considerations for COVID-19 vaccine strategies. *Nat Rev Immunol.* 2020; 20(10):615–32.
4. West CP, Montori VM, Sampathkumar P. COVID-19 testing: the threat of false-negative results. In: *Mayo Clinic Proceedings.* Elsevier; 2020. p. 1127–9.
5. Khan YH, Mallhi TH, Alotaibi NH, Alzarea AI, Alanazi AS, Tanveer N, et al. Threat of COVID-19 vaccine hesitancy in Pakistan: the need for measures to neutralize misleading narratives. *Am J Trop Med Hyg.* 2020;103(2):603–4.